#### STATE OF HAWAII — DEPARTMENT OF TAXATION

# GENERAL EXCISE/USE TAX RETURN

DO NOT WRITE IN THIS AREA

10

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## Place an X in this box ONLY if this is an AMENDED return

Month

Quarter

Semiannual

PERIOD ENDING (MM/YY)

GBF081

NAME:

HAWAII TAX I.D. NO. old W

Last 4 digits of your FEIN or SSN

**BUSINESS** ACTIVITIES

Column a
VALUES, GROSS PROCEEDS
OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c
TAXABLE INCOME
(Column a minus Column b)

#### PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

- 1. Wholesaling
- 2. Manufacturing
- 3. Producing

ATTACH CHECK OR MONEY ORDER HERE

- 4. Wholesale Services
- 5. Use Tax on Imports For Resale
- 6. Business Activities of Disabled Persons
- 7. Sum of Part I, Column c (Taxable Income) Enter the result here and on Page 2, line 21, Column (a)

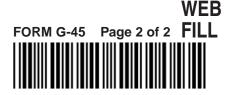
#### PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

- 8. Retailing
- Services Including Professional
- 10. Contracting
- **11.** Theater, Amusement and Broadcasting
- 12. Commissions
- 13. Transient Accommodations Rentals
- 14. Other Rentals
- Interest and All Others
- **16.** Use Tax on Imports For Consumption
- 17. Sum of Part II, Column c (Taxable Income) Enter the result here and on Page 2, line 22, Column (a)

**DECLARATION** - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

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SIGNATURE	TITLE	DATE								
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Name: Hawaii Tax I.D. No. **W** Last 4 digits of your FEIN or SSN

Period Ending

GBF082

BUSINESS ACTIVITIES Column a VALUES, GROSS PROCEEDS OR GROSS INCOME Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c TAXABLE INCOME (Column a minus Column b)

PART III - INSURANCE COMMISSIONS @ .15% (.0015)

18. Insurance Commissions

Enter this amount on line 23, Column (a)

### PART IV - CITY & COUNTY OF HONOLULU SURCHARGE TAX @ ½ OF 1% (.005)

19. Oahu Surcharge

Enter this amount on line 24, Column (a)

PART V — SCHEDULE OF ASSIGNMENT OF TAXES BY DISTRICT (ALL taxpayers MUST complete this Part and may be subject to a 10% penalty for noncompliance.) See Instructions. Place an X in the box of the taxation district in which you have conducted business. IF you did business in MORE THAN ONE district, place an X in the box for "MULTI" and attach Form G-75.

20.	Oahu	Maui	На	waii	Kauai				MULTI
PAI	RT VI - TOTAL PERIODIC F	RETURN		TAXABLE INCOME Column (a)			X RATE lumn (b)		TOTAL TAX Column (c) = Column (a) X Column (b)
21.	Enter the amount from Part I, lin	ne 7	\$		.00	X	.005	=	\$
22.	Enter the amount from Part II, lin	ne 17	\$		.00	Х	.04	=	\$
23.	Enter the amount from Part III lin	ne 18, Column c	\$		.00	Χ.	0015	=	\$
24.	Enter the amount from Part IV, li	ine 19, Column c	\$		.00	X	.005	=	\$
25.	TOTAL TAXES DUE. Add c	olumn (c) of lines 21	1 through 24	and enter result he	re. <b>If you</b>				
	did not have any activity for the	e period, enter "0.0	00" here			2	5.		
	Assessed Assessed Business the B	and and	PENALTY	\$		_			
26.	Amounts Assessed During the Pe (For Amended Return ONLY)	erioa	INTEREST	\$		_ 2	6.		
27.	TOTAL AMOUNT. Add lines	s 25 and 26				2	7.		
28.	TOTAL PAYMENTS MADE FOR	THE PERIOD (For )	Amended Re	turn ONLY)		2	8.		
29.	CREDIT TO BE REFUNDED. Lin	ne 28 minus line 27	(For Amend	ed Return ONLY)		2	9.		
30.	ADDITIONAL TAXES DUE. Line	e 27 minus line 28 <i>(l</i>	For Amended	d Return ONLY)		3	0.		
	FOR LATE EILING		PENALTY	\$		_			
31.	FOR LATE FILING	ONLY <del>7</del>		\$			1		
32.	TOTAL AMOUNT DUE AND PAY								
	Amended Returns, add lines 30 a	and 31)				3	2.		
33.	PLEASE ENTER THE AMOUN to "HAWAII STATE TAX COLLECTOR" in I.D. No. on your check or money order. I HONOLULU, HI 96806-1425 or If you are NOT submitting a page	n U.S. dollars to Form G- Mail to: HAWAII DEF file and pay electror	-45. Write "GE" PARTMENT ( nically at www	, the filing period, and yo OF TAXATION, P. O. w.ehawaii.gov/efile	our Hawaii T . BOX 142	ax 25,	3.		
34.	GRAND TOTAL OF EXEM (Attach Schedule GE) If Schedu claimed will be disallowed	le GE is not attache	ed, exemption	s/deductions		3	4.		